

	<b>Policy</b>
	<b>Policy Category: Health and Safety</b>
	<b>Date Created: September 2019</b>
	<b>Policy Name: Medicines Policy</b>

The purpose of this operational policy is to keep children and adults safe by meeting ECE Licensing Criteria HS28.

### Position Statement

At this centre we will ensure that all medicines (prescription and non-prescription) are administered appropriately and safely by those people authorised to do so and according to the category of medicine. A record of medicines given to children and who can administer the medicine are kept.

### Issue Outline

There are other cases where a child will need basic first aid such as antiseptic cream, or a child's doctor will say the child is well enough to attend, but that the child must be given medicines over the course of the day. In other cases, a child's medical condition will be on going and will require medicine/s for this purpose. In all these cases, it is imperative that medicine is appropriately administered and only by those authorised to do so.

### Detail

#### General:

Our centre complies with **HS25** that there is an adult present at all times for **every 25 children** attending (or part thereof) that:

- holds a current first aid qualification gained from a New Zealand Qualifications Authority accredited first aid training provider
- If a child is injured, any required first aid is administered or supervised by an adult meeting these requirements.

#### Category (i) medicines

Definition – a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment spray etc) that is:

- not ingested;
- used for the 'first aid' treatment of minor injuries; and
- provided by the centre and kept in the first aid cabinet.

#### Category (ii) medicines

Definition – a prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is: used for a specified period of time to treat a specific condition or symptom; and provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the centre.

#### Category (iii) medicines

Definition – a prescription (such as asthma inhalers, epilepsy medication etc) or non-prescription (such

as antihistamine syrup, lanolin cream etc) medicine that is used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reaction, diabetes, eczema etc); and provided by a parent for the use of that child only.

## Authorisation

Our centre also ensures that all medicines (prescription and non-prescription) are administered appropriately and safely according to the category of medicine (**HS28**). This includes written authority from parents.

### Category (i)

- We ensure that we get written authority from a parent at enrolment for the use and preparation of category (i) medicine that maybe used for their child for the period that they are enrolled. We will advise parents if there is any change to this (see medicine register).

### Category (ii)

- At the beginning of each day that the category (ii) medicine is needed, the parent must let the centre know in writing what the medicine is, how it is to be administered (method and dose), and when the medicine should be given (such as time of day or in response to specific symptoms).
- The parent must sign at the start of the day to show they give their consent for the centre to administer the medicine.
- When they collect their child at the end of the day, they must sign again to acknowledge that the centre has correctly administered the medicine.
- If a parent forgets to sign the medicine book, and the child's wellbeing is at risk the parent will be contacted by the Centre Manager or team leader by text message to give their permission in writing to administer the medicine to the child.
- If the parent cannot be contacted the medication will not be given to the child.

### Category (iii)

- We ensure that we get written authority from a parent at enrolment for the use and preparation of category (iii) medicine that will be used for their child only for the period that they are enrolled. This includes how (method and dose), and when (time or specific symptoms/circumstances) the medicine should be given. Parents and the centre will also agree to an individual health plan. We request that parents advise us if there is any change to this detailing while enrolled (see medicine register).

## Roles and Responsibilities

To meet the First Aid requirements under the 2008 regulations our centre recognises any First Aid qualification from courses that:

- are delivered by a New Zealand Qualifications Authority accredited first aid provider; and
- meet the minimum requirements of Unit Standard 6400 (or the successor to that Unit Standard); and
- are evidenced by a certificate issued by the trainer that is valid for a period of up to two years following qualification; and
- requires an eight hour refresher course every two years to maintain the certificate as current. Go to: <http://www.lead.ece.govt.nz/ManagementInformation/Staffing.aspx>

Records of who is authorised to administer what medicines are maintained and all staff and relevant parents are informed.

Medicines are stored safely and appropriately, and are disposed of, or sent home with a parent (if supplied in relation to a specific child) after the specified time. A medicine register is kept with the medicines.

A record with specific details on all medicine given to children is kept for categories (i), (ii) and (iii).

Adults who administer medicine are provided with relevant information and training relevant to the task.

A record is kept of information and training provided. Administers are required to double check name, expiry date and that medicine is correct dosage.

In cases of chronic illness, we will develop individual health management plans in consultation with parents and the child's doctor if necessary.

### **Sudden Illness**

If the child appears to be very unwell, for example they have a very high temperature, and the parent or emergency contact cannot get to the service quickly, our centre will refer to its accident and illness policy under **HS27**.

If a child who is not currently receiving medicine becomes unwell while at our centre, we will contact the parent or caregiver to let them know the child is unwell and to ask them to collect them without delay, particularly if the illness could be infectious.

If the parent or caregiver cannot collect their child, we will request they make other arrangements, such as asking their emergency contact person to pick the child up from the service. If that is not possible or practicable under the circumstances, the centre will take the child to a local medical practitioner or hospital Emergency Department for immediate treatment, where any costs incurred will be passed on to the parents.

### **Alignment with Other Policies**

**HS25** – First Aid

**HS27** – Accident and Illness Policy

**HS29** – A record of training and/or information provided to adults who administer medicine to children (other than their own) while at the service.

### **Impacts of Policy on Teachers, Parents, Children**

This policy is essential for the health and safety of children. Parents need reassurance that their child will be given the right medication at the right time. Appropriate training and procedures ensure that overdoses or wrong medication are not given, and that the right child gets the right medicine at the right time.

### **Implications and/or Risks**

Correct implementation of this policy is essential for maintaining our licence, for keeping our children safe and our parents confident in us. These factors protect our reputation.

## Relevant Background (including legislation/regulation references)

Licensing Criteria 2008, Health and Safety, Child Health and Well-Being Documentation required:

- **HS28:** (i) A record of the written authority from parents for the administration of medicine in accordance with the requirement for the category of medicine outlined in Appendix 3. (ii) A record of all medicine (prescription and non-prescription) given to children left in the care of the service. Records include:
  - Child's name
  - Name and amount of medicine given
  - Date and time medicine administered and by whom, and
  - Evidence of parental acknowledgement. When the same dose of Category (iii) medicine is administered on a regular basis, parental acknowledgment may be obtained weekly or every 3 months.
- **HS29:** A record of training and/or information provided to adults who administer medicine to children (other than their own) while at the service

## Alignment with the Centre Philosophy

This policy ensures a safe environment, a crucial part of creating and maintaining the well-being of children in our care.

## Implementation

Clear procedures have been developed and teachers trained to follow them.

## Review

Review annually or when there is a significant change in the area of the policy topic.

<b>Authorised:</b>	
<b>Date:</b>	
<b>Review Date:</b>	
<b>Consultation Undertaken:</b>	